

**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA**

Portland Food Mart and Harpeet Tandon,

Plaintiffs,

vs.

United States of America,

Defendant.

Court File No.

**STATEMENT OF JON E. PAULSON**

I, Jon E. Paulson, attorney for Portland Food Mart and Harpeet Tandon, so Swear and Affirm:

1. I have personal knowledge of the information contained in this statement.
2. The court requested I inform it about service issues in this case. It is my understanding that under Federal Rules of Civil Procedure 4.02, there must be service within 90 days of filing the Complaint.
3. I served the required entities in July 2018. Copies of the certified mail receipts are attached as Exhibit One.
4. I received correspondence from the U.S. Attorney General stating that the proper place of service was a different address than the one I had used. A true and correct copy of that correspondence is attached as Exhibit Two.
5. I then served the U.S. Attorney General at the furnished address. A true and correct copy of the certified mail card is attached as Exhibit Three.
6. Since this time, I have participated in a meet and confer with counsel for the local U.S. Attorney. She has agreed to accept service at the following locations until October 22, 2018. The locations are:

Attorney General Jefferson B. Sessions, III

Department of Justice

150 Pennsylvania Avenue, NW

Washington, DC 20530-0001

U.S Attorney's Office – District of Minnesota

Attn: AUSA Erin Secord

600 United States Courthouse

300 South Fourth Street

Minneapolis, MN 55415

Office of the General Counsel

U.S. Department of Agriculture

P.O. Box 419205 – Mail Stop 1401

Kansas City, MO 64131

7. I have served the proper papers upon these persons or entities in compliance with Rule 4.02. I have attached true and correct copies of the certified mail cards as Exhibit Four.
8. I have attached the service receipts to this Statement and will file all service documents in the appropriate place in the electronic database.

Further your affiant sayeth naught.

#### VERIFICATION

I declare under penalty of perjury that the foregoing statements are true and accurate to the best of my knowledge.

Date: 10/19/2018

Signature: /s/ Jon E. Paulson

## EXHIBIT ONE

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

USDA

Admin. Review Branch

4th Floor

3101 Park Center Dr.

Alexandria VA 22302



9590 9402 3360 7227 9757 99

## 2. Article Number (Transfer from service label)

7018 0680 0000 4925 6725

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

D Butcher

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation®  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

United States of America

Office of Legal Advisor

US Dept of State

Washington DC 20520



9590 9402 3360 7227 9754 54

## 2. Article Number (Transfer from service label)

7018 0680 0000 4925 6732

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

U.S. Department of State

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

JUL 13 2018

Washington, DC 20520

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation®  
☐ Signature Confirmation Restricted Delivery

# U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

WASHINGTON, DC 20520

Certified Mail Fee \$3.45

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.75  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.84

Total Postage and Fees \$8.04

Sent To  
 United States of America  
 Street and Apt. No., or PO Box No.  
 Office of Legal Advisor / US Dept. of State  
 City, State, ZIP+4®  
 Washington DC 20520

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

# U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

ALEXANDRIA, VA 22302

Certified Mail Fee \$3.45

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.75  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.84

Total Postage and Fees \$8.04

Sent To  
 USDA  
 Street and Apt. No., or PO Box No.  
 3101 Park Center Dr  
 City, State, ZIP+4®  
 Alexandria VA 22302

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

## EXHIBIT TWO





United States Department of State

*Washington, D.C. 20520*

NOTICE

We are returning the enclosed documents, as they were not addressed to the Executive Office of the Office of the Legal Adviser. We refer you to the procedures set forth in regulations at 22 C.F.R. § 172. Please review them carefully. In particular, 22 C.F.R. § 172.2(a) states that:

Only the Executive Office of the Office of the Legal Adviser (L/EX) is authorized to receive and accept summonses or complaints sought to be served upon the Department or Department employees. All such documents should be delivered or addressed to: The Executive Office, Office of the Legal Adviser, Suite 5.600, 600 19th Street NW., Washington DC 20522. (Note that the suite number is 5.600.)

In addition, in accordance with 22 C.F.R. § 172.3(a), only L/EX is authorized to receive and accept subpoenas, court orders or other demands or requests for official information or action.

UNCLASSIFIED

## EXHIBIT THREE

7011 3500 0001 1775 1711

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Portland Food  
Mart

Sent To Office of The Executive  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

The Executive Office  
 Office of The Legal Advisor  
 Suite 5600  
 100 19th St. NW  
 Washington DC 20522

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-22-18

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7011 3500 0001 1775 1711

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



## EXHIBIT FOUR

7011 3500 0001 1775 1728

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Atty Gen Jeff Sessions  
 Street, Apt. No.; or PO Box No. Dept of Justice  
150 Pennsylvania Ave NW  
 City, State, ZIP+4 Washington DC 20530-0001

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 1775 1742

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To US Att Dist of MN  
 Street, Apt. No.; or PO Box No. Attn. AVSA Erin Secord  
300 S 4th St  
 City, State, ZIP+4 Mpls MN 55415

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0001 1775 1735

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Office of General Counsel USDA  
 Street, Apt. No.; or PO Box No. US Dept of Agriculture  
PO Box 419205 - Mail Stop 1401  
 City, State, ZIP+4 Kansas City MO 64131

PS Form 3800, August 2006 See Reverse for Instructions